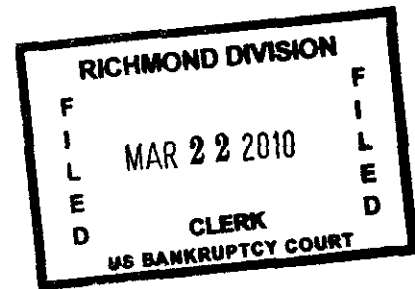


ORIGINAL

NO FEE

1 ANDREA SHERIDAN ORDIN, County Counsel  
2 RALPH L. ROSATO, Assistant County Counsel  
3 EMERY EL HABIBY, Deputy County Counsel  
(SBN 219781) • eelhabiby@counsel.lacounty.gov  
4 648 Kenneth Hahn Hall of Administration  
5 500 West Temple Street  
6 Los Angeles, California 90012-2713  
Telephone: (213) 974-1837 • Fax: (213) 687-8822  
7  
8 Attorneys for LOS ANGELES COUNTY  
9 TREASURER & TAX COLLECTOR  
10



11 UNITED STATES BANKRUPTCY COURT  
12 EASTERN DISTRICT OF VIRGINIA  
13

14 In Re

15 CIRCUIT CITY STORES, INC.,

16 Debtor.

Case No.: 08-35653 (KRH)

Chapter 11

NOTICE OF WITHDRAWAL OF CLAIM

CLAIM NO.: 578


17 PLEASE TAKE NOTICE that creditor Los Angeles County Treasurer & Tax  
18 Collector hereby withdraws, without prejudice, its Proof of Claim designated claim number 578,  
19 filed December 4, 2008, in the amount of \$10,045.93, a true and correct copy of which is attached  
20 hereto as Exhibit 1.

DATED: March 11, 2010

Respectfully submitted,

21 ANDREA SHERIDAN ORDIN  
22 County Counsel

23 By

24   
25 EMERY EL HABIBY  
Deputy County Counsel

26 Attorneys for LOS ANGELES COUNTY  
27 TREASURER & TAX COLLECTOR  
28

# EXHIBIT 1

B 10 (Official Form 10) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b> Eastern District of Virginia		<b>PROOF OF CLAIM</b>
Name of Debtor: Circuit City Stores, Inc.		Case Number: 08-BK-35653-KRH (Ch#11)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): L.A. County Treasurer and Tax Collector		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  L.A. County Treasurer and Tax Collector PO Box 54110, Los Angeles, CA 90054-0110		Court Claim Number: _____ (If known)
Telephone number: (213) 974-7803		Filed on: _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>10,045.93</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B)
2. Basis for Claim: <u>Property Taxes</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
3. Last four digits of any number by which creditor identifies debtor: <u>1998</u>  3a. Debtor may have scheduled account as: <u>5542-010-019 &amp;</u> (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ <u>805,107.00</u> Annual Interest Rate <u>   </u> %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____    Basis for perfection: _____  Amount of Secured Claim: \$ <u>10,045.93</u> Amount Unsecured: \$ _____		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  Amount entitled to priority: \$ _____
Date: <u>12/02/2008</u>  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Man-Ling Kuo, Tax Services Clerk I		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**RECEIVED**  
**DEC 04 2008**

KURTZMAN CARSON CONSULTANTS

**DECLARATION OF SERVICE OF MAIL**

**STATE OF CALIFORNIA**, County of Los Angeles:

**Man-Ling Kuo** states: I am and at all times herein mentioned have been a citizen of the United States and a resident of the County of Los Angeles, over the age of eighteen years and not a party to nor interested in the within action; that my business address is 130 Kenneth Hahn Hall of Administration, City of Los Angeles, County of Los Angeles, State of California; that I am readily familiar with the business practice of the Los Angeles County Treasurer and Tax Collector for collection and processing of correspondence for mailing with the United States Postal Service; and that the correspondence would be deposited within the United States Postal Service that same day in the ordinary course of business;

That on the 2<sup>nd</sup> day of **December 2008**, I served the attached **PROOF OF CLAIM** upon Interested Party (ies) by depositing copies thereof, enclosed in a sealed envelope and placed for collection and mailing on that date following ordinary business practices in the United States Postal Service, addressed as follows:

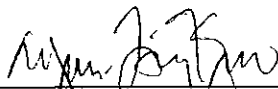
Debtor or Debtor's Attorney

**Daniel F. Blanks**  
McGuireWoods LLP  
9000 World Trade Center, 101 W. Main St.  
Norfolk, VA 23510

Chapter 7 or 13 Standing Attorney

N/A

I declare under penalty of perjury that the foregoing is true and correct.  
Executed this 2<sup>nd</sup> day of **December 2008**, at Los Angeles, California.

  
\_\_\_\_\_  
**Man Ling Kuo**

# SUBSTITUTE SECURED PROPERTY TAX BILL

JULY 1, 2008 TO JUNE 30, 2009

CRT: U#35  
U#35

PLEASE MAKE CHECK PAYABLE TO:  
**LOS ANGELES COUNTY TAX COLLECTOR**  
225 North Hill Street, Los Angeles, California 90012

5542 010 019  
CIRCUIT CITY STORES INC  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

ELECTRONIC FUND TRANSFER NUMBER  
ID#:19 5542 010 019 1 YR:08 SEQ:0002

ASSESSOR'S ID. NO

Map Book	Page	Parcel	Year	Seq. No.	1ST INSTALLMENT 10% Penalty After	2ND INSTALLMENT 10% Penalty + \$10.00 Cost After	TOTAL TAX <small>Includes State Highway</small>
5542	010	019	08	000	12 10 08	04 10 09	
					2490 98	2490 97	4981 95
					TAX		
					PENALTY		
					TOTAL		
					NET PD/REF		
					DUE		

ROLL YEAR	CURRENT ASSESSED VALUE	PRIOR ASSESSED VALUE	TAXABLE VALUE
LAND	392401		392401
IMPROVEMENTS	6591		6591
FIXTURES			
AUTH. NO.: 000153 LC	TOTAL		398992
	LESS EXEMPTION		
PRINT DATE: 12 02 08	NET TAXABLE VALUE		398992

There will be a \$ 50.00 service charge for any check returned by the bank for any reason.

YOUR CANCELLED CHECK IS YOUR RECEIPT  
KEEP THIS UPPER PORTION  
FOR YOUR RECORDS

ANNUAL

CIRCUIT CITY STORES INC  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

000153 LC

PAY THIS  
AMOUNT BY: 04 10 09

USE THESE NUMBERS ON ALL CHECKS AND CORRESPONDENCE					
ASSESSOR'S ID. NO					
Map Book	Page	Parcel	Year	Seq. No.	Pay Key
5542	010	019	08	000	2
2ND INSTALLMENT					INDICATE AMOUNT PAID
2490 97					

52238

If not paid by  
add penalty and cost 04 10 09

of  
to 2nd installment 259 09

for a total of: 2750 06

CRT: U#35  
U#35

LOS ANGELES COUNTY TAX COLLECTOR  
P.O. BOX 54018  
LOS ANGELES, CA 90054-0018

09508000255420100190000249097000027500623820410

DETACH AND MAIL THIS STUB WITH 2ND INSTALLMENT PAYMENT

ANNUAL

CIRCUIT CITY STORES INC  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

000153 LC

PAY THIS  
AMOUNT BY: 12 10 08

USE THESE NUMBERS ON ALL CHECKS AND CORRESPONDENCE					
ASSESSOR'S ID. NO					
Map Book	Page	Parcel	Year	Seq. No.	Pay Key
5542	010	019	08	000	1
1ST INSTALLMENT					INDICATE AMOUNT PAID
2490 98					

62242

If not paid by  
add penalty and cost 12 10 08

of  
to 1st installment 249 09

for a total of: 2740 07

CRT: U#35  
U#35

LOS ANGELES COUNTY TAX COLLECTOR  
P.O. BOX 54018  
LOS ANGELES, CA 90054-0018

08608000255420100190000249098000027400724211210

DETACH AND MAIL THIS STUB WITH 1ST INSTALLMENT PAYMENT

# SUBSTITUTE SECURED PROPERTY TAX BILL

JULY 1, 2008 TO JUNE 30, 2009

CRT: U#35  
U#35

PLEASE MAKE CHECK PAYABLE TO:  
**LOS ANGELES COUNTY TAX COLLECTOR**  
225 North Hill Street, Los Angeles, California 90012

5542 010 024  
CIRCUIT CITY STORES INC  
TAX DEPT  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

ELECTRONIC FUND TRANSFER NUMBER  
ID#:19 5542 010 024 4 YR:08 SEQ:0002

ASSESSOR'S ID NO.

Map Book	Page	Parcel	Year	Seq. No.	1ST INSTALLMENT 10% Penalty After	2ND INSTALLMENT 10% Penalty + \$10.00 Cost After	TOTAL TAX
5542	010	024	08	000	12 10 08	04 10 09	
					2531 99	2531 99	5063 98

ROLL YEAR	CURRENT ASSESSED VALUE	PRIOR ASSESSED VALUE	TAXABLE VALUE
LAND	399524		399524
IMPROVEMENTS	6591		6591
FIXTURES			
AUTH. NO.: 000153 LC		TOTAL	406115
PRINT DATE: 12 02 08		LESS EXEMPTION	
		NET TAXABLE VALUE	406115

There will be a \$ 50.00 service charge for any check returned by the bank for any reason.

YOUR CANCELLED CHECK IS YOUR RECEIPT  
KEEP THIS UPPER PORTION  
FOR YOUR RECORDS

ANNUAL

CIRCUIT CITY STORES INC  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

000153 LC

PAY THIS  
AMOUNT BY: 04 10 09

USE THESE NUMBERS ON ALL CHECKS AND CORRESPONDENCE					
ASSESSOR'S ID NO.					
Map Book	Page	Parcel	Year	Seq. No.	Pay Key
5542	010	024	08	000	2
2ND INSTALLMENT					INDICATE AMOUNT PAID
2531 99					

52521

If not paid by  
add penalty and cost 04 10 09

of  
to 2nd Installment 263 19

for a total of: 2795 18

CRT: U#35  
U#35

LOS ANGELES COUNTY TAX COLLECTOR  
P.O. BOX 54018  
LOS ANGELES, CA 90054-0018

09508000255420100240000253199000027951852120410

DETACH AND MAIL THIS STUB WITH 2ND INSTALLMENT PAYMENT

ANNUAL

CIRCUIT CITY STORES INC  
9950 MAYLAND DR  
RICHMOND VA 23233-1464

000153 LC

PAY THIS  
AMOUNT BY: 12 10 08

USE THESE NUMBERS ON ALL CHECKS AND CORRESPONDENCE					
ASSESSOR'S ID NO.					
Map Book	Page	Parcel	Year	Seq. No.	Pay Key
5542	010	024	08	000	1
1ST INSTALLMENT					INDICATE AMOUNT PAID
2531 99					

62545

If not paid by  
add penalty and cost 12 10 08

of  
to 1st Installment 253 19

for a total of: 2785 18

CRT: U#35  
U#35

LOS ANGELES COUNTY TAX COLLECTOR  
P.O. BOX 54018  
LOS ANGELES, CA 90054-0018

08608000255420100240000253199000027851854511210

DETACH AND MAIL THIS STUB WITH 1ST INSTALLMENT PAYMENT

**DECLARATION OF SERVICE**  
Case No. 08-35653-KRH

STATE OF CALIFORNIA, County of Los Angeles:

I, Margie Sims, state: I am employed in the County of Los Angeles, State of California, over the age of eighteen years and not a party to the within action. My business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, California 90012-2713.

That on March 17, 2010, I served the attached NOTICE OF WITHDRAWAL OF CLAIM NO. 578 upon Interested Party(ies) by placing ☐ the original ☐ a true copy thereof enclosed in a sealed envelope addressed ☐ as follows ☒ as stated on the attached mailing list:

☒ **(BY MAIL)** by sealing and placing the envelope for collection and mailing on the date and at the place shown above following our ordinary business practices. I am readily familiar with this office's practice of collection and processing correspondence for mailing. Under that practice the correspondence would be deposited with the United States Postal Service that same day with postage thereon fully prepaid.

☒ **(FEDERAL)** I declare that I am employed in the offices of a member of this court at whose direction the service was made.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 17, 2010, at Los Angeles, California.

Margie Sims

Type or Print Name of Declarant

and, for personal service by a Messenger Service,  
include the name of the Messenger Service

Margie Sims  
Signature

**SERVICE LIST**

Location to File Proof(s) of Claim

Circuit City Claims Processing  
c/o Kurtzman Carson Claims Agent  
2335 Alaska Ave.  
El Segundo, CA 90245

The United States Trustee Office

Robert B. Van Arsdale  
Office of the United States Trustee  
Richmond, Virginia Office  
701 East Broad Street, Suite 4304  
Richmond, VA 23219-1888

Counsel for Debtors

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Chicago, IL 60606